TranslatED Research Application - Round 46 - 2026
Form Preview

TranslatED Research - Application Form - Grant Round 46

Introduction

The purpose of the funding is to provide medium term (up to two years) support for projects that aim to translate new or modified interventions or models of care designed to improve health outcomes or promote system sustainability into policy and practice. Please refer to the Funding Guidelines available on EMF's website to ensure you meet the eligibility criteria and for detailed information on completing your application.

Full applications are due by **Monday 17 August 2026 at 10:00am AEST.**

Please Note:

- to prevent loss of data please save your work regularly. SmartyGrants will timeout after 20 minutes.
- a submission can be prepared off-line using the grant application Word template on our website
- each upload facility provided for the attachment of documentation has a maximum file limit of 25MB however it is strongly recommended that you try to keep files under 5MB.

Should you have any questions, please contact the EMF Research Team on (07) 3112 8668 or email grants@emfoundation.org.au.

PART A: Executive Summary

* indicates a required field

A1. Project Title *

Max 30 words. Please provide a short title.

A2. Principal Investigator *

Title | First Name | Last Name

A3. Administering Institution *

- ○ Cairns and Hinterland
- ○ Childrens Health Queensland
- ○ Central Queensland
- ○ Central West
- ○ Darling Downs
- ○ Gold Coast
- ○ North West
- ○ Mackay
- ○ Metro North
- ○ Metro South
- ○ South West
- ○ Sunshine Coast
- ○ Torres and Cape
- ○ Townsville
- ○ West Moreton
- ○ Wide Bay
- ○ Mater Hospital Brisbane
- ○ QAS
- ○ RSQ
- ○ RFDS (QLD)
- ○ LifeFlight
- ○ Other:

a) If you selected OTHER, please explain the affiliation with the named Administering Institution. *

Refer to Section 2.2 of the Funding Guidelines. The Principal Investigator must have a formal affiliation with the Administering Institution and the affiliation must be clearly shown. A tenuous connection to the Administering Institution will not be accepted.

A4. Plain Language Summary *

Word count:
Max 250 words. The Plain Language Summary should clearly explain a problem, the research question/s, propose a solution/s and state the significance, innovation and expected impact of the project. Write the Plain Language Summary simply, clearly and in plain English without jargon and unexplained acronyms.

A5. Scientific Abstract *

Word count:
Max 450 words. Justify the research in terms of background/problem; aims and objectives; hypothesis/research question; research design and methods; results/analysis and conclusions expected.

A6. Please explain how the proposed research is directed at improving the field of emergency medicine for the benefit of patients in Queensland, and builds emergency healthcare research capacity in Queensland. *

Word count:
Max 150 words.

A7. Emergency Medicine research theme/s *

☐ Acute Mental Health/Acute Behavioural Disturbance	☐ Gastro-Intestinal	☐ Retrievals
☐ Capacity Building	☐ Geriatrics	☐ Sepsis
☐ Cardiology	☐ Infectious Diseases / Anti-Microbial Stewardship	☐ Systems and Policy
☐ Devices and Equipment	☐ Neurology	☐ Telehealth
☐ Diagnostic Testing	☐ Paediatrics	☐ Toxicology
☐ Digital health informatics	☐ Pain Management	☐ Toxinology
☐ Drug Trials	☐ Pre-hospital care	☐ Trauma
☐ ED Ultrasound	☐ Rural and remote health	☐ Workforce
☐ Education and Training	☐ Respiratory	☐ Other:
☐ First Nations health	☐ Resuscitation	

Please refer to the list above and select up to three research themes that apply to your project.

A8. Total Amount Requested (AU$) *

$

This value is automatically calculated from Part D Health Economics + Part E Budget.

A9. Project Duration *

○ 1 year ○ 2 years

PART B: Research Proposal - Project Description

* indicates a required field

B1. Project Background and Rationale *

Word count:

Max 1500 words. Please provide a concise summary of the current knowledge to identify the problem that is significant for emergency care in Queensland and the need for the project to address this problem. Please include information on patient cohort, health providers, geographical region, or other well-defined criteria.

B2. Proposed Intervention or Solution *

Word count:

Max 1000 words. Please describe the proposed solution or intervention including established evidence-base.

B3. Implementation Plan *

Word count:

Max 2000 words. Please describe the implementation plan including project aim, inputs, sites, activities, outputs, and expected outcomes and impacts. Please provide details on the method/s that will be used, the reasoning behind their use as well as consultation with stakeholders including research and implementation partners. Please include measurement of outcomes to assess feasibility, cost, acceptability and other practical considerations.

B4. Innovation and Impact *

Word count:

Max 750 words. Please outline the novelty of the project and the expected translational impact.

B5. Sustainability *

Word count:
Max 750 words. Please demonstrate how the solution or intervention will be sustained e.g. through incorporation into existing resources and infrastructure.

B6. References *

B7. Project Sites and Collaborating Institutions

Please provide details of the sites involved in this project and the investigators at the named sites. Projects involving regional, rural or remote sites will be viewed favourably, please refer to Section 6 of the Funding Guidelines.

Department	Institution	Location	Investigator	Role / Comments
			(Indicate which investigator/s are based at the respective site/s)	Brief description of research activity at this site, e.g. patient recruitment, study coordination, laboratory tests etc.

B8. Project Plan

Please enter details of each key step / milestone that is required to complete this proposed project and estimate the time in months that the milestone will take to complete. Please note, the project duration must be aligned to your response to Question A9 and not exceed the nominated term (1 or 2 years).

Milestone	Estimated Duration in Months

TOTAL - Duration of project: *

(in months)

B9. Additional supporting documentation
Attach a file:

OPTIONAL: Please upload any additional documentation, e.g. relevant tables, images or ethics approval, if applicable.

PART C: Research Proposal - Additional Information

* indicates a required field

C1.Does this project involve recruitment of participants (e.g. patient, staff) or accessing data? *

○ Yes ○ No

If NO, please proceed to Question C3.

C2. If YES, please provide details on how you are going to ensure you can achieve the targeted number of participants or data points. *

Word count:
Max 500 words.

C3. Will the research require ethics approval? *

○ Yes ○ No

Refer to Section 4.2 of the Funding Guidelines regarding provision of ethics approval or waiver if grant application is successful. If you have already obtained ethics approval or waiver, you can upload the document in Section B9.

C4. Please declare any potential conflict of interest that may be inherent in this submission whereby a named investigator represents EMF in an advisory or governance capacity. *

(For example, the EMF Board or any Committee membership.)

PART D: Health Economics

* indicates a required field

D1. Does the proposed project include any health economics analyses? *

○ Yes ○ No

If NO, please proceed to question D4.

D2. Please provide more information on the planned health economics analyses e.g. type of analyses planned, named investigator to conduct the analyses etc. *

Max 500 words.

D3. Please indicate the funding amount requested for health economics analyses? *

$

Must be a dollar amount.

Please provide a justification for the funding requested. (Only reasonable requests with a strong rationale will be considered.) *

Max 500 words.

PART E: Budget

* indicates a required field

Please refer to Section 5 of the Funding Guidelines for eligible expenditures. An example of how to calculate and justify budget requests that can also be used as a template is available on our website.

Please detail each budget item for each year and note the following:

- EMF funds up to 30% of eligible direct on-costs only.
- The direct on-cost percentage calculation MUST be entered on a separate line.
- Your business manager (or equivalent) can offer guidance on projected salary and salary on-costs for personnel.
- EMF does not allow for institutional overheads or administrative charges.
- Where applications include requests for over $5,000 to engage third-party services or skilled specialists, e.g. laboratory tests or statisticians, a detailed quote for the service must be provided.
- Please DO NOT include requests for health economic analyses in this section (refer to Section D).
- Please refer to the example provided via the link above.

E1. Budget Request (GST exclusive)

Funding is available up to $120,000, for a maximum term of 2 years. Please provide details for each budget item (excl health economics analyses) in the table provided below.

***** Salary and on-cost (capped at 30%) calculations MUST be entered as separate budget items. *****

Year 1 Budget Proposal

Year 1 - Budget Item	Unit Cost or Annual Salary (AU$)	Number of Units or FTE p.a.	Budget Item Total (AU$)
	$		$
	$		$
	$		$
	$		$
	$		$
	Must be a dollar amount.		

Year 1 - Budget Total *

$

This amount is automatically calculated.

Year 2 Budget Proposal

Year 2 - Budget Item	Unit Cost or Annual Salary (AU$)	Number of Units or FTE p.a.	Budget Item Total (AU$)
	$		$
	$		$
	$		$
	$		$
	$		$
	Must be a dollar amount.		

Year 2 - Budget Total *

$

This amount is automatically calculated.

Budget Table Totals

The budget totals for each year of the research proposal (ie Year 1, 2) will automatically populate the tables below. The last column is the combined total for the duration of the proposed research.

Year 1 **Year 2** **TOTAL Budget Requested**

$
This amount is automatically calculated.

$
This amount is automatically calculated.

$
This amount is automatically calculated.

Detailed quote for third party services or skilled specialists:
Attach a file:

Where applications include requests for over $5,000 to engage third-party services or skilled specialists, e.g. laboratory tests or statisticians, a detailed quote for the service must be provided.

E2. Budget Justification *

PERSONNEL:

CONSUMABLES AND MAINTENANCE:

SERVICES:

OTHER COSTS:

Word count:
Max 700 words. Please supply the rationale for each budget item requested and any supporting information regarding appropriateness of costs. Budget items with no rationale may not be considered. Please group the budget justifications under the appropriate category e.g. Personnel, Consumables and Maintenance, Services or Other Costs. If you are not requesting any items in a given category, please indicate n/a.

E3. If requesting Principal Investigator salary support, please clearly justify your request by explaining your eligibility, the level of support needed and how the funded time will be used to achieve the proposed research outcomes.

Word count:

E4. Alternative Funding: Have you sought or obtained leverage funding, cash or in-kind support for this project from any other source? *

It is important for EMF to understand how the potential funding will be spent in combination with other funds, or how EMF funds are being leveraged to achieve larger amounts of funding. An approximate dollar value would be helpful.

PART F: Principal Investigator

* indicates a required field

Please refer to Section 2 of the Funding Guidelines for the Principal Investigator eligibility criteria.

F1. Name *

Title | First Name | Last Name

F2. ORCID ID: *

Please learn more and register for an ORCID ID at the following link https://orcid.org/register

F3. Clinical Load *

Please provide hours per week.

F4. Time Commitment to the project *

Please provide hours per week.

F5. Your hospital or pre-hospital service *

If you hold joint appointments, please specify your primary place of practice that is most relevant to the proposal.

F6. Will you be residing predominantly in Australia for the duration of the Project? *

○ Yes ○ No

Please note, the Principal Investigator must be based in Australia for at least 80% of the funding period.

If NO, please provide details of any foreseen absence in excess of three (3) months continuous. *

Periods greater than three (3) months (continuous) overseas will require prior EMF approval.

F7. PI Eligibility *

Please explain briefly how you meet the Queensland Research Program eligibility requirement for Principal Investigators as listed in Section 2.3 of the Queensland Research Program Guidelines.

F8. Project Role, Relevant Experience and Capacity *

Word count:
Max 500 words. Please describe your role in the project and how your skills / experience is relevant to the proposed project as well as your availability to commit time to lead this research, taking into account any other projects you are involved in.

F9. Are you currently undertaking other projects in the same field, or directly related to this proposed project, outside your current workload? *

○ Yes ○ No

If YES, please list brief information on the nature of the other projects, source and level of funding and how they are different to this proposal. *

F10. EMF Funding: Have you have been awarded EMF funding in the last five years as Principal Investigator or Co-Investigator? *

○ Yes ○ No

If NO, please proceed to Question F13.

F11. If YES, please provide details for each of the EMF grants:

(If required, contact EMF to request a list of EMF grants awarded to the Principal Investigator. Please send the Principal Investigator's name, institution and address to grants@emfoundation.org.au at least one week before the grant round closing date.)

EMF Grant Application ID	Grant Awarded $	Active or Complete	On track? (Y/N)	Reporting up to date? (Y/N)
	$			
	$			
	$			
	$			
	$			
	Must be a dollar amount	Must be no more than 8 characters.	Must be no more than 3 characters.	Must be no more than 3 characters

If you responded that one or more of your EMF grants is not on track or up to date with reporting please explain below. *

Enter n/a if not applicable

F12. For each completed EMF grant, please provide a summary of the main achievements and impact resulting from the grant, focusing on translation into change in policy and practice. *

Enter n/a if not applicable

F13. Principal Investigator's CV *
Attach a file:

Please upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success, if applicable (max 3 pages).

PART G: Research Team

* indicates a required field

G1. Co-Investigator/s

Please provide details of your Co-Investigators in this section (maximum 8 Co-Investigators). If Co-Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal.

NOTE: If the Principal Investigator on the grant application is not a Queensland Health FACEM or FRACP PEM, there must be at least one Queensland Health FACEM (or FRACP PEM) providing direct clinical care to patients in pre-hospital or Emergency Department settings included as a Co-Investigator. Please indicate this for the respective Co-Investigator as applicable.

Please note that Co-Investigators' time will not be funded. Funding for specific activities that the Co-Investigator or Co-Investigator's team undertake using specified skill sets may be considered. This MUST be justified in the budget section of the application form and a strong rationale provided.

Title - First Name - Last Name	Time Commitment to Project	Project Role, Relevant Experience and Capacity

	Please provide hours per week.	Max 200 words. Please describe the Co-Investigator's role in the project and how their skills / experience is relevant to the proposed project as well as their availability to commit to the project.

If the Principal Investigator is not a Queensland Health FACEM or FRACP PEM, please identify the Queensland Health FACEM or FRACP PEM Co-Investigator/s from the list provided above: *

(Enter n/a if not applicable.)

G2. Co-Investigator's CV *

Attach a file:

Please upload a CV less than 12 months old for each Co-Investigator detailing relevant research experience including the past five (5) years of publications and past funding success, if applicable (max 3 pages).

G3. Associate Investigator/s

Please provide the details of your Associate Investigators in this section, if applicable (maximum 8 Associate Investigators). If Associate Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal. If there are no Associate Investigators on the team, please indicate n/a.

Title - First Last Name	Project Role, Relevant Experience and Capacity

	Max 200 words. Please describe the Associate Investigator's role in the project and how their skills / experience is relevant to the proposed project as well as their availability to commit to the project.

G4. Associate Investigator's CV
Attach a file:

OPTIONAL: Please upload a current CV (max 3 pages) for each Associate Investigator at your discretion.

G5. Team Quality and Capability relevant to this project *

Word count:
Max 500 words. Please describe how the team will work together to achieve the project aims, taking into account the expertise and productivity of team members relevant to the proposed project. If applicable, describe how junior members will be mentored by more experienced researchers in the team. Projects with novice or early career researchers on the team will be viewed favourably with regard to developing research capacity in Queensland. Please refer to Section 6.1 of the Funding Guidelines.

G6. For all Co-Investigators who were awarded EMF funding in the last five years – either as Principal Investigator or Co-Investigator - please provide a summary of the main achievements and impact resulting from EMF grants that they have completed, focusing on translation into change in policy and practice. *

(If required, contact EMF to request a list of EMF grants awarded to the Co-Investigator/s. Please send the Co-Investigator's name, institution and email address to grants@emfoundation.org.au at least one week before the grant round closing date.)

G7. Support Personnel

If applicable, please include any support that is being provided by others including research specialists or research assistants / managers to demonstrate their availability, suitability and skills for the proposed research.

PART H: Contact Details

* indicates a required field

H1. Principal Investigator

PI Name *
Title First Name Last Name

H2. Grant Application Contact (optional)

Grant Application Contact - Name
Title First Name Last Name

PI Institution, Department and Position *

PI Primary Postal Address *
Address

PI Primary Phone Number *

PI Mobile Phone Number *

PI Primary Email Address *

Optional, should the PI prefer to nominate another contact

Institution, Department and Position

Primary Postal Address
Address

Primary Phone Number

Primary Email Address

H3. Contact for Administering Institution

The Administering Institution will be responsible for the administration of the funding should the grant be approved by EMF. In this case, EMF will issue the Funding Agreement to the Administering Institution via the contact person nominated in this section. The contact person should be the Research Governance Officer, Business Manager or equivalent.

Administering Institution Contact

*

Title | First Name | Last Name

Institution and Department *
Organisation Name

Position *

RGO, Business Manager or equivalent

Primary Phone Number *

Primary Email Address *

H4. Co-Investigator Contact Details

Please note, the Principal Investigator and at least one Co-Investigator will be notified when the assessments are complete and the "Response to Review" is available.

Co-Investigator 1

CI-1 Title and Full Name *

Title | First Name | Last Name

CI-1 Institution, Department and Position *

CI-1 Primary Postal Address

Address

CI-1 Primary Phone Number *

CI-1 Primary Email *

Co-Investigator 2

CI-2 Title and Full Name

Title | First Name | Last Name

CI-2 Institution, Department and Position

CI-2 Primary Postal Address

Address

CI-2 Primary Phone Number

CI-2 Primary Email

Co-Investigator 3

CI-3 Title and Full Name

Title | First Name | Last Name

CI-3 Institution, Department and Position

CI-3 Primary Postal Address

Address

CI-3 Primary Phone Number

CI-3 Primary Email

Co-Investigator 4

CI-4 Title and Full Name

Title | First Name | Last Name

CI-4 Institution, Department and Position

CI-4 Primary Postal Address

Address

CI-4 Primary Phone Number

CI-4 Primary Email

Co-Investigator 5

CI-5 Title and Full Name

Title | First Name | Last Name

Co-Investigator 6

CI-6 Title and Full Name

Title | First Name | Last Name

CI-5 Institution, Department and Position

CI-6 Institution, Department and Positon

CI-5 Primary Postal Address
Address

CI-6 Primary Postal Address
Address

CI-5 Primary Phone Number

CI-6 Primary Phone Number

CI-5 Primary Email Address

CI-6 Primary Email Address

Co-Investigator 7

CI-7 Title and Full Name
Title | First Name | Last Name

CI-7 Institution, Department and Position

CI-7 Primary Postal Address
Address

CI-7 Primary Phone Number

CI-7 Primary Email

Co-Investigator 8

CI-8 Title and Full Name
Title | First Name | Last Name

CI-8 Institution, Department and Position

CI-8 Primary Postal Address
Address

CI-8 Primary Phone Number

CI-8 Primary Email

H5. Associate Investigator Contact Details

Associate Investigator 1

AI-1 Title and Full Name
Title | First Name | Last Name

AI-1 Institution, Department and Position

AI-1 Primary Postal Address
Address

Associate Investigator 2

AI-2 Title and Full Name
Title | First Name | Last Name

AI-2 Institution, Department and Position

AI-2 Primary Postal Address
Address

AI-1 Primary Phone Number

AI-2 Primary Phone Number

AI-1 Primary Email

AI-2 Primary Email

Associate Investigator 3

AI-3 Title and Full Name
Title | First Name | Last Name

AI-3 Institution, Department and Position

AI-3 Primary Postal Address
Address

AI-3 Primary Phone Number

AI-3 Primary Email

Associate Investigator 4

AI-4 Title and Full Name
Title | First Name | Last Name

AI-4 Institution, Department and Position

AI-4 Primary Postal Address
Address

AI-4 Primary Phone Number

AI-4 Primary Email

Associate Investigator 5

AI-5 Title and Full Name
Title | First Name | Last Name

AI-5 Institution, Department and Position

AI-5 Primary Postal Address
Address

AI-5 Primary Phone Number

AI-5 Primary Email

Associate Investigator 6

AI-6 Title and Full Name
Title | First Name | Last Name

AI-6 Institution, Department and Position

AI-6 Primary Postal Address
Address

AI-6 Primary Phone Number

AI-6 Primary Email

Associate Investigator 7

AI-7 Title and Full Name

Title | First Name | Last Name

AI-7 Institution, Department and Position

AI-7 Primary Postal Address

Address

AI-7 Primary Phone Number

AI-7 Primary Email

Associate Investigator 8

AI-8 Title and Full Name

Title | First Name | Last Name

AI-8 Institution, Department and Position

AI-8 Primary Postal Address

Address

AI-8 Primary Phone Number

AI-8 Primary Email

PART I: Certification

* indicates a required field

I1. Certification Document

The Principal Investigator, the Head/s of Department/s (or equivalent) and the Administering Institution are required to sign the Application Certification Document which must be uploaded with the application. This document is available on EMF's website.

Amongst others, the Principal Investigator is required to certify that all named investigators on this application have given their consent to be included on the grant application. The Principal Investigator is also required to certify that all Co-Investigators are compliant regarding final and progress reporting for all active EMF grants on which they are Principal Investigators.

You will be deemed ineligible for this funding if this is not completed.

Completed Certification Document: *

Attach a file: